	STATE WELL REPORT	300		
County: Vike	Part 1	For Office Use Only:		
Permit #;	Driller's Log	Well #: <u> </u>		
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:		
Date drilling completed: 12-12-18	P.O. Box 2309	E-Log #:		
	Jackson, MS 39225-2309 (601)961-5210			
State Fann again and the state	(601)360-0535 (fax)			
Department at the above address wi	be prepared by the license holder responsible for the property of the well of	he work and filed with the		
well Owner Information	00 Well P-	hole Location		
(Landowner if borehole is not for a Owner Name: Odom & Son	Nation Well) Latitude: 31°07.48 Non	gitude: 90° 27,53 W		
Mailing Address:		10-28-12.5 Conventional Survey,		
1033 Creole Ln.	USGS quad, Hand-held GF	i		
Magnolia MS				
City State	7:- C			
Telephone No. ()	Miles of (Distance) (Direction)	(Nearest Town)		
		(rearese roun)		
Date drilling started: 12-18-18 Date d	Well / Borehole Data rilling completed: 12-18 Hole depth: 235	- 14 h		
Location of the source of any surface wa	tor used for dell's	Hole diameter: 1/2		
Method of dosing and volume of Child	ter used for drilling: Cunning Creek			
logs run (starts all a little of Chlonne	used in drilling and development: Granule	chlorine		
	Electric Gamma Ray Density Sonic Neutron	Other:		
Name of organization running log(s):				
Purpose of borehole (circle one): Water W	Geotechnical/Geological Investigation G	round Source Heat-Pump		
Seismic				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation	on: Valve Other (describe)			
Static Water Level: 100 feet [above or below] land surface Date measured: 12-12-18				
Method of measurement (circle one) Stee	I tabe Electric tape Air line Other (describe):			
Well depth 35 Well grouted to a de	pth of: // feet Type of grout (circle one: No			
Casing length <u>a15</u> feet Casin	g diameter:inches Type of cas	ing: OW		
Screen length: <u>20</u> feet Scre	en diameter:inches Type of scr	ing. OVC		
	Setting depth: From	236		
Type of completion (circle all applicable)		feet		
Other (describe):		Natural Development		
op of lap pipe or reduction in casing:				
	feet for more than one screen, describe on next page			
z, rerescopeu	or more mun one screen, aescribe on next page			

Form: OLWR-SWR-1A (4/13)

Permit #:	}	For Office Use	1
The sketch below only required for water wells	Description of formations encounter and boreholes, unless specifically ex		
If well telescopes, show depths on sketch.	Description of Formations Encountered		To (depth)
Ground Level	topsoi	Ground level	((deptin)
	day		185
	- Sand	185	235
ĺ			
-			
			-
}			
			
			
If more than one screen, show location of each on sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that m 3) any roads, power lines, or other items that may a	nay aid in locating the well		
4) north arrow	1		
		and the second s	Same and I have send
	j		
		gang saba Bang saba Bang saba	ENED
[trailer]		gang saba Bang saba Bang saba	
xwell		gang saba Bang saba Bang saba	
•		gang saba Bang saba Bang saba	
xwell andowner Name: Odom 4 Son Mab		EY	
•	lled constructed and completed in accor	PY Programment and appropriate the second se	OLVI
andowner Name: Odom & Son Mob HEREBY CERTIFY that the well/borehole was drile equirements of the Mississippi Department of Env	lled constructed and completed in accor	rdance with all apepartment of Heal	Olicable

STATE WELL REPORT

County: _ Permit #: Driller: Dames M Date completed: 12-12-1 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

(601) 360-0535 (fax)

For Office Use Only:		
Well #: <u> </u>		
Aquifer:		

star wall contractor or a licensed nump installer. A copy of Part 1

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location 96 38 12.5				
Owner Name: Oden 450n Mibile Home	Latitude: 31°6745\(\mathbf{N}\) Longitude: 40° 27.53\(\mathbf{N}\)				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
1033 Creole Ln.	USGS quad, Hand-held GPS, Survey-grade GPS				
Magnolia m5 39652 City State Zip Code	NW 14 NE 14, Sec 33 T 2N RTG				
City State Lip Code	Miles of (Distance) (Direction) (Nearest Town)				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Type (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 13-13-18 Rated Pump Capacity: 12 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement					
Power Type (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor: Setting Depth: 150feet Number of Stages:					
Pump Test Data for Non Flowing Well					
Date Well Tested: 12-12-18 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface					
Drawdown [(B) - (A)]: //O Feet Below Land Sur	face Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one); Steel tape Electric to					
Pump Test Data for Flowing Well					
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet_afterhours of pumping				
Meter Installation					
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name: Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

00005889

Date

Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)